



Powering Independent Living

Home Based Care
Direct Deposit Authorization

Semi-Monthly only

Consumer Name (please print):

Account Name:

Account Type: Checking Savings

Name of Bank / Credit Union / State:

Account Number

Please select one of the following:

- New direct deposit
- Replace an existing direct deposit.
Original Account number to replace
- Cancel my direct deposit

* Your direct deposit request can not be processed without a voided check attached for verification

Deposits are normally available two banking days after the payroll is processed. It is my responsibility to verify deposits on a per pay period basis. This authorization takes initially up to three pay periods to go into effect. Alpha One is not responsible for bank errors or bank fees. The direct deposit may be canceled by me at any time.

I authorize Alpha One and the financial institution listed above to deposit my pay automatically into the account listed above.

Signature: Date: